

06-22-01

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 3401P097

First Inventor or Application Identifier Charles A. Miller

Title HIGH DENSITY PLANAR ELECTRICAL INTERFACE

Express Mail Label No. EL651844104US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form (e.g. PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification Total Pages 27  
(preferred arrangement set forth below)  
 - Descriptive title of the Invention  
 - Cross References to Related Applications  
 - Statement Regarding Fed sponsored R & D  
 - Reference to sequence listing, a table, or a computer program listing appendix  
 - Background of the Invention  
 - Brief Summary of the Invention  
 - Brief Description of the Drawings (if filed )  
 - Detailed Description  
 - Claim(s)  
 - Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C.113) Total Sheets 12

5. Oath or Declaration Total Pages   
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
 i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76.

ADDRESS TO:  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)  
 a.  Computer Readable Form (CFR)  
 b.  Specification Sequence Listing on:  
 i.  CD-ROM or CD-R (2 copies); or  
 ii.  Paper  
 c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9.  Assignment Papers (cover sheet & document(s))

10.  37 CFR 3.73(b) Statement  Power of Attorney  
(when there is an assignee)

11.  English Translation Document (if applicable)

12.  Information Disclosure Statement (IDS)/PTO - 1449  Copies of IDS Citations

13.  Preliminary Amendment

14.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16.  Request and Certification under 35 USC 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.

17.  Other: .....

**18. If a CONTINUATING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:** Continuation  Divisional  Continuation-in-part (CIP) of prior application No: /

Prior application Information: Examiner \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS** Customer Number of Bar Code Label

\*08791\*

 Correspondence address below

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| City    | Los Angeles                             | State     | California     | Zip Code | 90025          |
| Country | U.S.A.                                  | Telephone | (310) 207-3800 | Fax      | (310) 820-5988 |

Name (Print/Type) William Thomas Babbitt, Reg. No. 39,591

Signature

Date

06/20/01

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|  |  |                          |                           |
|--|--|--------------------------|---------------------------|
| <b>FEE TRANSMITTAL</b>                             |  | <b>Complete if Known</b> |                           |
| <b>for FY 2001</b>                                 |  | Application Number       |                           |
| <i>Patent fees are subject to annual revision.</i> |  | Filing Date              | 06/20/01                  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)                |  | First Named Inventor     | Charles A. Miller, et al. |
| 836.00   |  | Examiner Name            |                           |
|  |  | Group Art Unit           |                           |
|  |  | Attorney Docket Number   | 3401P097                  |

| <b>METHOD OF PAYMENT</b> (check one)  |                       | <b>FEES CALCULATION (continued)</b> |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
|---|-----------------------|-------------------------------------|-----------------------|---|-----------------------|-----------------|----------|-----------------|----------|-----|--------------------|------------------------|-----|--------------------|--------------------|--------------------|-----|-----------------------------------|-----|-------------------|-----|-----|-----|--------------------------|-----|------------------|----|-----|-----|---|-----|--------------------|----|-----|-----|---|----|--------------------------|--|--------------------------|--|--------|--|--------|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  |                       | 3. <b>ADDITIONAL FEE</b>            |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| Deposit Account Number <b>02-2666</b>   |                       | Large Entity Fee Code               | Small Entity Fee Code |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| Deposit Account Name <b>Blakely, Sokoloff, Taylor &amp; Zafman LLP</b>  |                       | \$                                  | \$                    |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                       | Fee Description                     |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                       | Fee Paid                            |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| <b>FEES CALCULATION</b>   |                       |                                     |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 1. <b>FILING FEE</b>  |                       |                                     |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| Large Entity Small Entity   |                       |                                     |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>\$710</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="4"><b>SUBTOTAL (1)</b> (\$)</td> <td>710.00</td> <td></td> </tr> </tbody> </table>   |                       |                                     |                       | Fee Code  | Fee (\$)              | Fee Code        | Fee (\$) | Fee Description | Fee Paid | 101 | 710                | 201                    | 355 | Utility filing fee | \$710              | 106                | 320 | 206                               | 160 | Design filing fee |     | 107 | 490 | 207                      | 245 | Plant filing fee |    | 108 | 710 | 208   | 355 | Reissue filing fee |    | 114 | 150 | 214   | 75 | Provisional filing fee   |  | <b>SUBTOTAL (1)</b> (\$) |  |        |  | 710.00 |  |
| Fee Code  | Fee (\$)              | Fee Code                            | Fee (\$)              | Fee Description   | Fee Paid              |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 101   | 710                   | 201                                 | 355                   | Utility filing fee  | \$710                 |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 106   | 320                   | 206                                 | 160                   | Design filing fee   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 107   | 490                   | 207                                 | 245                   | Plant filing fee  |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 108   | 710                   | 208                                 | 355                   | Reissue filing fee  |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 114   | 150                   | 214                                 | 75                    | Provisional filing fee                                      |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| <b>SUBTOTAL (1)</b> (\$)  |                       |                                     |                       | 710.00  |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 2. <b>EXTRA CLAIM FEES</b>  |                       |                                     |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>27</td><td>-20** =</td><td>7</td><td>X \$18.00 = 126.00</td></tr> <tr><td>Independent Claims</td><td>3</td><td>-3** =</td><td>0 X \$80.00 = 0.00</td></tr> <tr><td colspan="4">Multiple Dependent</td></tr> </tbody> </table>  |                       |                                     |                       | Total Claims  | Extra Claims          | Fee from below  | Fee Paid | 27              | -20** =  | 7   | X \$18.00 = 126.00 | Independent Claims     | 3   | -3** =             | 0 X \$80.00 = 0.00 | Multiple Dependent |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| Total Claims  | Extra Claims          | Fee from below                      | Fee Paid              |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 27  | -20** =               | 7                                   | X \$18.00 = 126.00    |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| Independent Claims  | 3                     | -3** =                              | 0 X \$80.00 = 0.00    |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| Multiple Dependent  |                       |                                     |                       |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
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| Large Entity Fee Code   | Small Entity Fee Code | Fee Description                     | Fee Paid              |   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 103   | 18                    | 203                                 | 9                     | Claims in excess of 20                                      |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 102   | 80                    | 202                                 | 40                    | Independent claims in excess of 3                           |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 104   | 270                   | 204                                 | 135                   | Multiple Dependent claim                                    |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 109   | 80                    | 209                                 | 40                    | **Reissue independent claims over original patent           |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| 110   | 18                    | 210                                 | 9                     | **Reissue claims in excess of 20 and over original patent   |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| <b>SUBTOTAL (2)</b> (\$)  |                       |                                     |                       | 126.00  |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |
| <small>* or number of previously paid, if greater; For Reissues, see above</small>  |                       |                                     |                       | * Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> (\$) |                       |                 |          |                 |          |     |                    |                        |     |                    |                    |                    |     |                                   |     |                   |     |     |     |                          |     |                  |    |     |     |   |     |                    |    |     |     |   |    |                          |  |                          |  |        |  |        |  |

|                       |   |                                 |             |
|-----------------------|---|---------------------------------|-------------|
| <b>SUBMITTED BY</b>   |   | <b>Complete (if applicable)</b> |             |
| Typed or Printed Name | William Thomas Babbitt, Reg. No. 39,591 |                                 | Reg. Number |
| Signature             | <i>William T. Babbitt</i>               | Date                            | 06/20/01    |
|                       |   | Deposit Account User ID         | 02-2666     |

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